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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of .....

BUREAU OF VITAL STATISTICS

State Index No. 149

District of .....

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 8

Town of .....

Local Registrar's No. 5

or  
City of .....

(No. .... St. .... Ward)

FULL NAME OF CHILD Nolan Crandall } Born } YES  
} Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child M Twin, Triplet or other Single and { Number in order of birth 1 Legitimate? Y Date of Birth Jan - 13 1914  
(Month) (Day) (Yr.)

FATHER  
Full Name Ralph Meloss Crandall

Residence Safford

Color or Race White Age at last Birthday 29  
(Years)

Birthplace Utah

Occupation Cattle man

MOTHER  
Full Maiden Name Hattie Cleveland Quinn

Residence Safford

Color or Race W Age at last Birthday 29  
(Years)

Birthplace Arizona

Occupation Housewife

Number of child of this mother 3 Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Jan 13 1914, at 2:15 P.M.

When there is no attending physician or midwife, then the householder should make this return.

(Signature) Chas. Martini  
(Attending physician, midwife, householder.)\*

Given or christian name added from a supplemental report ..... 191.....

Address Safford Ariz.

Filed 2/5 1914 Mrs. M. D. French  
LOCAL REGISTRAR.

9-33-113-865  
COUNTY REGISTRAR.

Filed 2/10 1914 A True Copy R. E. Davidson  
COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth.